HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

NAME (Last, First, Middle)			STATE POSITION HELD: (Dept/Div or Board/Commission)
ALC: NO STATE OF THE STATE OF T			Department of Accounting and General Services
Thomason, Katherine H.			TERM OF OFFICE (Begin/End): 01/06/03 /
Check either	r number 1 or 2. If yo	u check number 2	, provide the relevant information.
1. I I HAVE NO	CHANGES TO RE	PORT SINCE M	IY LAST FILING
FOR EACH SPOUSE A dependent of	HITEM, DISCLOSE	ADDITIONS, DICHILDREN. USE interests of the spo	PORT SINCE MY LAST FILING. ELETIONS, OR CHANGES IN INTERESTS OF FILER, E THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for ruse and filer. Use "A" for any additions in interests, "D" for any
F, SP, DC, JT	A, D, C	ITEM # 1	
F	D	IMS, Inc No in	come earned in 2004.
F, SP, DC, JT	<u>A, D, C</u>	ITEM# 2	to the same of the same of the state of the same of the state of the same of the state of the same of
F	D	IMS, Inc No Io	nger own shares or interest in the corporation effective 2004.
	,		
F, SP, DC, JT	A, D, C	ITEM#3	
SP	D	Carlsmith Ball - Floyd, and Ing.	Effective 10/01/03 moved from Carlsmith to Alston, Hunt, Due to fiscal year accounting, reported 3 months income from 2004 tax return. (Code C)
E SP DC IT	A, D, C	ITEM# ⁴	
<u>F, SP, DC, JT</u> SP	C	Alston, Hunt, FI	oyd, & lng - reported income increased for 2004 tax return.

FORM D-103A (Revised: 12/02)

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CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE (Note: This filing is not valid without a signature.)

DATE

3/24/05